

**APPLICATION FOR EMPLOYMENT
(POLICE OFFICER OR FIREFIGHTER)
CITY OF MORGANTOWN
389 SPRUCE STREET
MORGANTOWN, WV 26505**

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY No. / /
STREET/MAILING ADDRESS CITY STATE ZIP CODE () TELEPHONE No.

NAME AND TELEPHONE NUMBER OF PERSON WHO WILL KNOW WHERE YOU MAY BE CONTACTED

EMAIL ADDRESS

POSITION YOU ARE APPLYING FOR

DATE YOU ARE SUBMITTING THIS APPLICATION

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

PLEASE LIST THE PLACE OF YOUR BIRTH CITY COUNTY STATE

WHAT IS THE DATE OF YOUR BIRTH? MONTH DAY YEAR

ARE YOU CLAIMING VETERAN'S PREFERENCE POINTS? ☐ YES ☐ NO

IF YES, DATES OF ACTIVE DUTY FROM: TO: Mo/Day/Yr Mo/Day/Yr

IF YES, PLEASE PROVIDE A COPY OF YOUR DD-214 WITH THIS APPLICATION.

ARE YOU A MEMBER OF THE RESERVES OR NATIONAL GUARD? ☐ YES ☐ NO

HOW DID YOU LEARN OF THIS VACANCY?

HAVE YOU EVER FILED AN EMPLOYMENT APPLICATION WITH THE CITY OF MORGANTOWN? ☐ YES ☐ NO
IF YES, WHEN?

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT? ☐ YES ☐ NO
IF YES, PLEASE STATE PARTICULARS ON A SEPARATE SHEET AND ATTACH IT TO THIS APPLICATION.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO
IF YES, PLEASE STATE PARTICULARS ON A SEPARATE SHEET AND ATTACH IT TO THIS APPLICATION.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATIONS? ☐ YES ☐ NO

WILL REASONABLE ACCOMMODATIONS BE NEEDED DURING THE TESTING PROCESS FOR THE POSITION FOR WHICH YOU ARE APPLYING? ☐ YES ☐ NO

DO YOU OBJECT TO INQUIRY OF YOUR PRESENT EMPLOYER IN REGARD TO YOUR CHARACTER, WORK RECORD, QUALIFICATIONS, OR ABILITIES? ☐ YES ☐ NO

DO YOU POSSESS A VALID MOTOR VEHICLE OPERATOR'S LICENSE ? ☐ YES ☐ NO

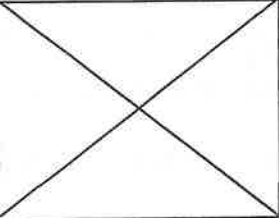
IF YES, WHAT STATE HAS ISSUED THE LICENSE? _____

IF YES, WHEN DOES THE LICENSE EXPIRE? _____

IF YES, WHAT TYPE OF LICENSE IS IT? _____

DRIVER LICENSE NUMBER: _____

EDUCATION

	ELEMENTARY/ MIDDLE SCHOOL	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME				
CIRCLE YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY				
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND/OR EXTRA- CURRICULAR ACTIVITIES				

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

PLEASE LIST BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT: _____

ADDRESSES FOR PREVIOUS FIVE YEARS:

DATES

_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	
_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	
_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	
_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	
_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	

(SHOULD ADDITIONAL SPACE BE REQUIRED LIST INFORMATION ON A SEPARATE SHEET)

LIST ALL PERIODS OF RESIDENCY AND ADDRESSES IN MONONGALIA COUNTY: DATES

_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	
_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	
_____	_____	_____	_____ To _____
STREET ADDRESS	CITY	STATE	

EMPLOYMENT HISTORY:

LIST **ALL** WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB AND WORKING BACK. INCLUDE **ALL** WORK EXPERIENCE - FULL OR PART TIME, PAID OR UNPAID, MILITARY SERVICE, SUMMER JOBS, VOLUNTEER WORK, ETC. IF YOU HAVE HELD MORE THAN ONE POSITION TITLE WITH THE SAME EMPLOYER, LIST EACH POSITION TITLE SEPARATELY.

1. NAME OF COMPANY: _____ ADDRESS: _____ TYPE OF BUSINESS: _____ LAST POSITION HELD: _____ NAME OF SUPERVISOR: _____ DESCRIBE THE WORK YOU DID: _____ REASON FOR LEAVING: _____	EMPLOYED FROM: _____ To: _____ STARTING SALARY \$ _____ LAST SALARY \$ _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
2. NAME OF COMPANY: _____ ADDRESS: _____ TYPE OF BUSINESS: _____ LAST POSITION HELD: _____ NAME OF SUPERVISOR: _____ DESCRIBE THE WORK YOU DID: _____ REASON FOR LEAVING: _____	EMPLOYED FROM: _____ To: _____ STARTING SALARY \$ _____ LAST SALARY \$ _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
3. NAME OF COMPANY: _____ ADDRESS: _____ TYPE OF BUSINESS: _____ LAST POSITION HELD: _____ NAME OF SUPERVISOR: _____ DESCRIBE THE WORK YOU DID: _____ REASON FOR LEAVING: _____	EMPLOYED FROM: _____ To: _____ STARTING SALARY \$ _____ LAST SALARY \$ _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
4. NAME OF COMPANY: _____ ADDRESS: _____ TYPE OF BUSINESS: _____ LAST POSITION HELD: _____ NAME OF SUPERVISOR: _____ DESCRIBE THE WORK YOU DID: _____ REASON FOR LEAVING: _____	EMPLOYED FROM: _____ To: _____ STARTING SALARY \$ _____ LAST SALARY \$ _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
5. NAME OF COMPANY: _____ ADDRESS: _____ TYPE OF BUSINESS: _____ LAST POSITION HELD: _____ NAME OF SUPERVISOR: _____ DESCRIBE THE WORK YOU DID: _____ REASON FOR LEAVING: _____	EMPLOYED FROM: _____ To: _____ STARTING SALARY \$ _____ LAST SALARY \$ _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>

IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS



MORGANTOWN POLICE DEPARTMENT

300 SPRUCE STREET
MORGANTOWN, WEST VIRGINIA 26505-5500
TELEPHONE NUMBER (304) 284-7496



AUTHORIZATION FOR RELEASE OF INFORMATION WAIVER OF PRIVACY ACT

To Whom It May Concern:

I hereby authorize the City of Morgantown, WV, its police officers or any of its agents bearing this document, to obtain information pertaining to my personal background. Background information includes, but is not limited to, the histories and/or records information concerning past and present employment, including attendance and disciplinary actions, criminal history records, driving records, financial and/or credit records, academic records and personal history.

I hereby authorize you to release such information upon request of the bearer of this document. This authorization is executed with full knowledge and understanding that the information is for official use by the City of Morgantown, WV.

I hereby release the City of Morgantown, WV, its police officers or any of its agents, both individually and collectively, from any and all liability connected with the investigation of my personal background. I further acknowledge that I can take no legal action against the City of Morgantown, WV, its police officers or any of its agents, regardless of the results of such background investigations or how the results are used.

Full Name: (Please Print) _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Current Address: _____

Drivers License Number: _____ State Issuing: _____

I have read and understand the above release and **WAIVER OF PRIVACY ACT** and give my permission for the background investigation to begin.

Signature: _____ Today's Date: _____

*Signature must be notarized:

State of _____

County of _____

Signed or attested before me on the _____ day of _____

by _____

Notary Signature: _____

My commission expires: _____

PRIVACY ACT STATEMENT - DATA REQUIRED BY THE PRIVACY ACT OF 1974
PLEASE READ CAREFULLY

(AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN) IS CONTAINED IN 5 USC 3331, 32 USC 708, 44 USC 3101, 32 USC 708, AND SECTIONS 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 THROUGH 1087, 1168, 1169, 1475 THROUGH 1480, 1553, 2107, 3012, 5031, 8012, 8033, 8496, AND 9411 OF 10 USC AND IN EXECUTIVE ORDERS 9397, 10450 AND 11652.

THIS AUTHORITY FOR COLLECTION OF INFORMATION MUST BE SIGNED BY YOU GIVING THE POLICE DEPARTMENT OF THE CITY OF MORGANTOWN PERMISSION TO DO A THOROUGH BACKGROUND INVESTIGATION WITH AGENCIES SUCH AS THE: CREDIT BUREAU, AND OTHER AGENCIES WHICH MIGHT BE OF CONCERN FOR THE COMPLETION OF SUCH INVESTIGATION. THIS VOLUNTARY RELEASE FORM ALLOWS THE POLICE DEPARTMENT TO CONTACT AGENCIES FOR RELEASE OF INFORMATION AND ACCURATE DOCUMENTATION CONCERNING YOUR PAST FINANCIAL STATUS.

PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION IS INTENDED TO BE USED:

TO OBTAIN BACKGROUND INFORMATION FOR PERSONNEL INVESTIGATIVE AND EVALUATIVE PURPOSES IN CONNECTION WITH THE MAKING OF SECURITY DETERMINATIONS WITH RESPECT TO: (1) EMPLOYMENT WITH THE CITY OF MORGANTOWN, PARTICULARLY IN SENSITIVE CIVILIAN POSITIONS OR FOR OTHER POSITIONS THAT HAVE BEEN DESIGNATED AS REQUIRING A DETERMINATION AS TO WHETHER EMPLOYMENT IN OR ASSIGNMENT TO SUCH POSITIONS IS CLEARLY CONSISTENT WITH THE INTERESTS OF PUBLIC WELFARE, (2) POSITIONS OF POLICE OFFICER OR FIREFIGHTER OR OTHER SWORN POSITION, OR (3) A POSITION WHICH HAS ACCESS TO CLASSIFIED OR PROTECTED INFORMATION.

THE INFORMATION WILL BE USED TO DETERMINE YOUR ACCEPTABILITY FOR EMPLOYMENT WITH THE CITY OF MORGANTOWN. THE INFORMATION WILL BE PRINCIPALLY USED TO DETERMINE YOUR MENTAL, MEDICAL AND MORAL QUALIFICATIONS FOR EMPLOYMENT WITH THE CITY OF MORGANTOWN. IF YOU ARE ACCEPTED AND SUBSEQUENTLY HIRED BY A COMPONENT OF THE CITY OF MORGANTOWN, THIS INFORMATION WILL THEN BECOME A PART OF YOUR PERSONNEL RECORD.

YOUR SOCIAL SECURITY NUMBER(SSN) IS NECESSARY TO IDENTIFY YOU AND YOUR RECORDS AND TO PROPERLY REPORT YOUR EARNINGS AS AN EMPLOYEE OF THE CITY OF MORGANTOWN TO THE SOCIAL SECURITY ADMINISTRATION, SHOULD YOU BE HIRED. THE DATA IS **FOR OFFICIAL USE ONLY** AND WILL BE MAINTAINED IN STRICT CONFIDENCE IN ACCORDANCE WITH FEDERAL LAW AND REGULATIONS.

DISCLOSURE OF THIS INFORMATION AND SIGNING OF THIS FORM IS VOLUNTARY. HOWEVER, FAILURE TO FURNISH INFORMATION OR THE FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION FOR EMPLOYMENT CAN AND WILL RESULT IN THE DISMISSAL OF THE APPLICATION.

SIGNED _____

DATE _____

WITNESS _____